## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530584

APPLICANT(S)

FILING DATE

| Cï | . A | Ţ | MS |
|----|-----|---|----|

|                 | AS FILED       |               |             | TER<br>ndment | AFTER 2 AMENDMENT |               |  |
|-----------------|----------------|---------------|-------------|---------------|-------------------|---------------|--|
|                 | IND.           | DEP.          | IND.        | DEP.          | IND.              | DEP.          |  |
| 1               |                |               |             |               |                   |               |  |
| 2               |                |               |             |               |                   |               |  |
| 3               |                |               |             |               |                   |               |  |
| 5               |                |               |             |               |                   |               |  |
| 6               |                |               |             | -             |                   |               |  |
| 7               |                |               |             |               |                   |               |  |
| 8               |                |               |             | 5             |                   |               |  |
| 9               |                |               |             |               |                   |               |  |
| 10              |                |               |             | 1             |                   |               |  |
| -11             |                |               |             |               |                   |               |  |
| 12              |                |               |             |               |                   |               |  |
| 13              |                |               |             |               |                   |               |  |
| 14              |                |               |             |               |                   |               |  |
| 15              |                |               |             |               | ·                 |               |  |
| 16              |                |               |             |               |                   |               |  |
| 17<br>18        |                |               |             |               |                   |               |  |
| 19              |                |               |             | _ '           |                   |               |  |
| 20              |                |               |             |               |                   |               |  |
| 21              | i              |               |             |               |                   |               |  |
| 22              |                |               |             |               |                   |               |  |
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| 24              |                |               |             |               |                   |               |  |
| 25              |                |               |             |               |                   |               |  |
| 26              |                |               |             |               |                   |               |  |
| 27              |                |               |             |               |                   |               |  |
| 28              |                |               |             |               |                   |               |  |
| 29              |                |               |             |               |                   |               |  |
| 30<br>31        |                |               |             |               |                   |               |  |
| 32              |                |               |             |               |                   |               |  |
| 33              |                |               |             |               |                   | <del></del> - |  |
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| 40              |                | I             | I           |               |                   |               |  |
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| 47              |                |               |             |               | <del></del>       |               |  |
| 48              |                | -             |             |               |                   |               |  |
| 49              |                |               |             |               |                   |               |  |
| 50              |                |               |             |               |                   |               |  |
| TOTAL IND.      |                | 1             | 3           | #             |                   | 4             |  |
| OTAL DEP        |                | <b>♦</b>      | is          | <b>4</b> 2    |                   | <b>(</b> 22   |  |
| TOTAL<br>CLAIMS | 18             | 45.50         | 10          | 200           |                   |               |  |

|            | AS F   | AS FILED      |          | AFTER 1"AMENDMENT |           | AFTER  1 MAMENDMENT                              |  |
|------------|--|---------------|----------|-------------------|-----------|--|--|
|            | IND.   | DEP.          | IND.     | DEP.              | IND.      |  |  |
| 51         | <del> </del>                                     |               |          |                   |           | +==:   |  |
| 52         | <del> </del>                                     |               |          |                   |           | 1  |  |
| 53<br>54   | <del> </del> -                                   | <del>  </del> | <b> </b> |                   |           |  |  |
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| 79         | <del>                                     </del> |               |          |                   |           |  |  |
| 80         |  |               |          |                   |           |  |  |
| 81         |  |               |          |                   |           |  |  |
| 82         |  |               |          |                   |           | <del></del> -                                    |  |
| 83         |  |               |          |                   |           |  |  |
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| 85         |  |               |          |                   |           |  |  |
| 86         |  | `\            |          | -                 |           | <u> </u>   |  |
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| 89         |  |               |          |                   |           |  |  |
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| 100        |  |               |          |                   |           |  |  |
|            |  | <del>-</del>  |          |                   |           |  |  |
| TOTAL END. |  | *             |          | 40                |           | 4  |  |
| TOTAL DEP. | 19   | <b>4</b>      |          |                   |           | <b>4</b>   |  |
| CLADAS     |  |               |          |                   |           |  |  |

U.S. DEPARTMENT of COMMERCE